

# NEIGHBORHOOD ASSISTANCE PROGRAM 2020 CLOSEOUT WEBINAR

March 2, 2021

<https://www.jotform.com/IHCDA/2020-nap-closeout-report>

# AGENDA

1. Review of reporting requirements
2. Overview of closeout report
3. Questions

## Housekeeping:

- Post questions throughout in chat, to be answered at the end
- Webinar recording and slides will be made available on IHCD's website next week: <https://www.in.gov/ihcda/4109.htm>
- Send any follow-up questions to [nap@ihcda.in.gov](mailto:nap@ihcda.in.gov)

# REPORTING REQUIREMENTS

There are **THREE** required reports for NAP:

- 60% Benchmark Report
  - Report donations made between July 1 and December 31
  - Due in January
  - Completed in IHCDOnline
- 100% Benchmark Report
  - Report donations made between January 1 and March 31
  - **Due April 19<sup>th</sup>, 2021**
  - Not required **ONLY** if agency distributed 100% of credits by December 31 and reported credits in January
  - Completed in IHCDOnline
- Expenditure Closeout Report
  - Report on outcomes of spending funds raised from credit distribution
  - **Due September 27, 2021**
  - Completed in Jotform
  - Email [NAP@ihcda.in.gov](mailto:NAP@ihcda.in.gov) with ALL issues

# CLOSEOUT REPORT PURPOSE

The purpose of the Closeout Report is to:

- Ensure funds were used for a NAP-eligible purpose
- Ensure funds raised from distributing credits were used for purpose stated in application
- Collect program information requested from state officials
- Collect feedback from agencies on program management
  - Benchmark Reports ensure credits were distributed and that donors receive their credits when they submit their taxes

# CLOSEOUT REPORT GENERAL NOTES

Agencies have until March 31<sup>st</sup> to distribute 100% of their credits, and then are expected to use the funds raised from credit distribution by mid-September (~6 months later)

Closeout Report should only be submitted once all funds are spent

Report should be on ALL NAP funds; if NAP award was for \$10,000 credits, and agency distributed all credits, they should report on \$20,000

All 2020 NAP awardees must submit a closeout report, even if they did not distribute all of their credits; only those who distributed 0% of their credits would be exempt

# CLOSEOUT REPORT GENERAL NOTES

Late reports result in loss of eligibility for 2022 NAP Tax Credits; no closeout report results on loss of eligibility for 2022, 2023 and 2024 NAP Tax Credits

If two reports are submitted, IHCDa will automatically use the most recent one

When submitting the report, someone at the agency should receive an emailed copy of the report; if not, email IHCDa.

**REMEMBER!** 100% Benchmark Report is **NOT** the same as the Expenditure Closeout Report. They are two separate reports.

# CLOSEOUT REPORT: REVIEW OF NOTES



Indiana Housing & Community Development Authority

## 2020-2021 Neighborhood Assistance Program (NAP) Closeout Report

This report is due September 27th, 2021. All agencies that received an allocation of NAP credits in 2020 are required to submit a report EXCEPT those that did not sell any of their awarded credits. Late submissions will lead to ineligibility for 2022 NAP credits. Failure to submit any closeout report will lead to ineligibility for 2022, 2023 and 2024 NAP credits. If two closeout reports are submitted, IHCDA will use the second/most recent submission. If your agency has not yet spent all of the NAP funds it raised, please wait to submit this report until September 27th, 2021, or until those funds are spent, whichever comes first.

# CLOSEOUT REPORT: AGREEMENT NUMBER

## Organization Information

Agreement Number

\*

Agreement number is provided at the top of your NAP agreement, Exhibit A and in IHCDOnline

### NEIGHBORHOOD ASSISTANCE PROGRAM

No Federal Funds

AGREEMENT NO. 2020-NP-016

Contract Must be esigned and returned by June 29, 2020. Failure to sign and return by June 29, 2020 will result in a loss of funds

# CLOSEOUT REPORT: GENERAL AGENCY INFO

Organization Name *	<input type="text"/>
CEO/Executive Director Name *	<input type="text"/>
CEO/Executive Director Email Address *	<input type="text"/>
Is the CEO/Executive Director the NAP Primary Contact? *	<input type="radio"/> Yes <input type="radio"/> No
NAP Primary Contact Name *	<input type="text"/>
NAP Primary Contact Title *	<input type="text"/>
NAP Primary Contact Email Address *	<input type="text"/>
Name of individual completing report if different from Primary Contact	<input type="text"/>
Organization Address *	<input type="text"/>
	Street Address
	<input type="text"/>
	Street Address Line 2
	<input type="text"/>
	City
	State / Province
	<input type="text"/>
	Postal / Zip Code
Organization Phone Number *	<input type="text"/> - <input type="text"/>
	Area Code Phone Number

# CLOSEOUT REPORT: CREDIT REVIEW

**Did your organization use all of the funds it raised from distributing NAP credits, or is it rolling some of those funds forward? If your agency has not yet spent all of the NAP funds it raised, please wait to submit this report until September 27th, 2021, or until those funds are spent, whichever comes first. \***

- ☐ Yes, our agency has used all of the funds raised from distributing 2020 NAP Credits
- ☐ No, our agency has some funding from 2020 NAP credits still remaining

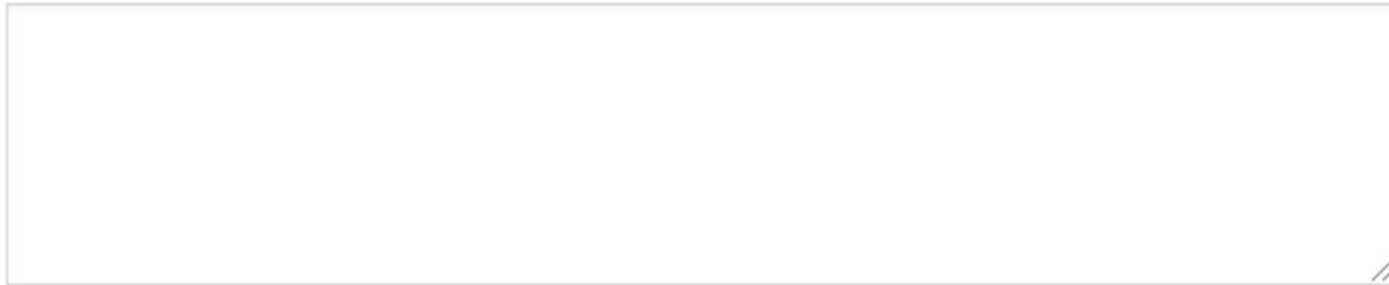
**If no, number of NAP funds remaining to be spent (NA if 100% spent): \***

EX: \$500

Second question: consider ALL NAP funds (\$20,000), not just the amount that matches your credit award (\$10,000)

# CLOSEOUT REPORT: PROJECT INFO

Please provide a brief description of what your agency was able to accomplish with the funds raised from NAP tax credits. The description **MUST** provide something other than your organization's mission statement. \*



0/200

- “We provided credits to donors and raised more money than we would have otherwise” is not an acceptable answer; explain what you accomplished by using the funds
- Include data on outputs and outcomes
- Provide more than just your mission
- Keep it concise

# CLOSEOUT REPORT: NAP SERVICE

## Which of the following services did your project or program fall under?

- ☐ Neighborhood assistance (A) in the form of financial assistance, labor, material, and technical advice to aid in the physical or economic improvement of any part or all of an economically disadvantaged area.
- ☐ Neighborhood assistance (B) in the form of technical assistance to promote higher employment in any neighborhood in Indiana
- ☐ Job training that provides individuals in economically disadvantaged households or economically disadvantaged areas with vocation skills so that the individual can become employable or be able to seek a higher grade of employment
- ☐ Education, in the form of scholastic instruction or scholarship assistance to individuals residing in an economically disadvantaged area, which enables those individuals to prepare for better life opportunities.
- ☐ Counseling and advice in an economically disadvantaged area
- ☐ Emergency assistance in an economically disadvantaged area
- ☐ Medical care in economically disadvantaged area
- ☐ Development and/or management of recreational facilities in an economically disadvantaged area
- ☐ Development and/or management of housing facilities in an economically disadvantaged area
- ☐ Economic development assistance in an economically disadvantaged area
- ☐ Crime prevention or reduction (A) activities in an economically disadvantaged area
- ☐ Crime prevention or reduction (B) activities in economically disadvantaged households
- ☐ Community services, education, or job training services to individuals who are “returning citizens ” who have completed criminal sentences or are serving a term of probation or parole

Should be the same as what was selected in your application

Contact IHCDCA if you’ve had to update your program plans and change the NAP-eligible service

# CLOSEOUT REPORT: INDIVIDUALS SERVED

How many unduplicated individuals were served by a program (or programs) supported by NAP funds? Please include all individuals served by the program, not just those served by NAP funds directly. If the program targeted families or an entire community, please provide an estimate for impacted individuals. **ONLY provide a number - no words please.** \*

Ex: 1,000

- In previous question, you could provide info on any chosen outcome; this is the one outcome we collect across all projects
- Remember to do unduplicated individuals
  - If you serve 600 individuals 4 times each throughout the year, report 600, **NOT** 2,400
- Provide only individuals, not households; estimate individuals if you only have data on households
- Provide best educated guess; does not have to be exact
- Provide only one number:
  - Don't provide a range (20-40)
  - Don't include words (400 individuals)

# CLOSEOUT REPORT: FEEDBACK

What, if anything, could IHCD provide to you or your organization to help you execute NAP more successfully? \*

On a scale of 1-5,  
how satisfied are  
you with  
communication  
from IHCD staff?

\*

1 2 3 4 5  
Very unsatisfied ☐ ☐ ☐ ☐ ☐ Very satisfied

If you are unsatisfied with IHCD staff communication, would could be done differently to better meet your expectations?

# CLOSEOUT REPORT: SUBMISSION

## Report Submission


I hereby certify that the above information is correct and that all expenditures relating to this Agreement Number are contained in this report. \*

☐ Yes

Please provide an email address to receive confirmation of your report submission. If you do not receive an email, first check your SPAM folder than email [nap@ihcda.in.gov](mailto:nap@ihcda.in.gov). Save a copy of your report confirmation for any possible issues with your 2021 NAP eligibility. \*

example@example.com

Submit Form

 Print Form

A copy of the report should be emailed to the email address entered here. If not, email [NAP@ihcda.in.gov](mailto:NAP@ihcda.in.gov) for a copy.

Having a copy acts as proof that you completed the report; if we don't have record of it, you may be determined ineligible for 2022.

**QUESTIONS?**